WILDWOOD GREEN GOLF CLUB MEMBERSHIP APPLICATION

| Office Use Only Member Number: Sponsor: | | | | WILDWOOD GREEN | | | |
|--|------------------------------------|------------------|-----------|---------------------------|------------------|------------------|--|
| MEMBERSHIP CATEG | <u>SORIES</u> | IN | DIVIDUAL | FAMILY | | Some Contraction | |
| REGULAR | EXECUTIVE (AGES 30-40) | | | JUNIOR EXEC | R JGH AGE 18) | | |
| P.M. (PRIVILEGES AFTER 12:00 NOON) | WEEKDAY (PRIVILEGES MONDAY-FRIDAY) | | | RANGE WAITLIST MEMBERSHIP | | | |
| PROFESSIONAL SERV | <u>TICES</u> | | | | | | |
| ☐ RANGE PLAN-IND | NGE PLAN-IND CART PLAN-IND CLUI | | | B STORAGE | LOCKER | GHIN #1 | |
| ☐ RANGE PLAN-FAM | CART PLAN | I-FAMILY | ☐ CLU | JB STORAGE-ADD ON | N LOCKER-ADD ON | ☐GHIN #2 | |
| LAST NAME | | FIRST NA | AME | | DATE OF BIRTH | | |
| HOME ADDRESS | | CITY, ST | ATE | | ZIP | | |
| HOME PHONE | | CELL PH | IONE | | EMAIL ADDRESS | | |
| BUSINESS ADDRESS | | CITY | | | STATE | | |
| BUSINESS PHONE | | | BU | USINESS EMAIL | | | |
| I prefer communications Check to be enrolled into DEPENDENT FAMILY NAME | email statemer | nts: O INCLUD | | IILY PLAN: | ILADDRESS | DATE OF BIRTH | |
| | | | | | | | |
| Membership is subject to approval by the Club and payment of fees and dues. Please note that dues and services are not prorated for partial months. If approved, I wish to have my membership become effective on: | | | | | | | |
| | Da | te (Month/ | Day/Year) | Membe | er Initials | | |

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RULES AND REGULATIONS

As a member, I agree to conform to and be bound by the rules and regulations of the Club and understand they may be amended from time to time. Any rules violations are subject to membership revocation without refund. I understand that as a member of the Club my membership is non-assessable and that I am assuming no liabilities whatsoever in connection with my membership other than the payment of the initiation fee, applicable membership dues and charges incurred by me, my family and guests in the use of the Club and that such membership does not confer upon me any ownership of the Club property or assets.

It is agreed that I may resign from the Club by giving thirty (30) days advance written notice to the Club and by paying all dues and other charges for which I may be liable, and I shall not thereafter be subject to any further dues or charges.

Family Memberships entitle the member, spouse, and dependents, age 23 or under to membership privileges. Children on a parent's membership will age out on their 24th birthday unless they remain a fulltime student.

Junior Memberships require the name, address, and signature of the parent/guardian responsible for payment of dues. By signing, I acknowledge that I am aware of the obligation and that all the rules and regulations of the Club apply fully to Junior Members. Junior memberships have privileges Monday-Thursday anytime and on a full-in basis only on Fridays, Saturdays, & Sundays.

| Applicant Signature: | | | Date: | | | | |
|--|-----------|--------------------|-----------------------------|--|--|--|--|
| SIGN UP FOR AUTOMATIC CREDIT CARD DRAFTING | | | | | | | |
| Credit Card Authorization: MasterCard | dVisa _ | Discover _ | Amex | | | | |
| Account Number: | | | ()CVV code | | | | |
| Expiration Date: | Zip Code: | | | | | | |
| Signature: | Printed N | ame: | | | | | |
| Bill the total due now only (Current Mo Bill this month's total PLUS all future c credit card billing. | , | ed in writing by m | ne to discontinue automatic | | | | |
| | | | | | | | |

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12-MONTH COMMITMENT FORM

I hereby accept a one-year membership to join WILDWOOD GREEN GOLF CLUB. I fully understand that I must maintain my membership account in good standing, under the membership category I choose, for a period of no less than 12 consecutive months from the date my membership begins.

At the end of the 12-month agreement the membership will automatically renew on a month-to-month basis and resignation from the club can be given with a 30-day written notice where if the resignation notice reaches us by the 5th of the month, the resignation will be effective at the end of that month. No refunds will be given for initiation fees or partially used periods of dues or services. If the membership is cancelled within the first year of the commitment, the financed initiation fee will be paid in full.

| Signature: | | |
|---------------|----------------|------------------|
| Printed Name: | | |
| Date Signed: | Maturity Date: | (C4- C5 |
| | | (Staff use only) |